

Case Number:	CM13-0044400		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2011
Decision Date:	04/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained a low back injury on 8/20/11. She was walking backwards, carrying a heavy wooden filing cabinet, when she fell into a gap in the floor, and landed in a sitting position with the cabinet on her lap. Conservative treatment has included physical therapy, chiropractic, acupuncture, psychology evaluation and cognitive behavioral therapy, bilateral L5/S1 epidural steroid injection, trigger point injection, anti-inflammatory medication, oral analgesics, and Neurontin. Persistent and disabling low back and lower extremity pain has failed conservative treatment. The 1/6/12 lumbar MRI demonstrated disc desiccation with minimal grade 1 spondylolisthesis at the L5/S1 with associated bilateral L5 spondylolysis and mild L5/S1 bilateral neuroforaminal narrowing. There was a 2-3 mm right sided L5/S1 disc protrusion which encroaches upon the ventral aspect of the thecal sac and emerging right S1 nerve root. There was mild disc desiccation, anterolateral osteophytes, with mild diffuse disc bulge noted at L3/4 and mild L3 bilateral neuroforaminal narrowing. The radiologist noted an incidental finding of a 4.5 cm mass in the spinal canal at the S2 and S3 segments of the sacrum that was incompletely visualized and recommended further evaluation. A sacrum/coccyx MRI was performed on 8/28/12 and concluded that there was a Tarlov cyst within the sacral canal at the S2/S3 level causing expansion of the sacral canal. The 8/28/12 lumbar MRI documented L5 spondylolysis with very mild anterolisthesis at the L5/S1. There was a 3 mm right paracentral posterior disc protrusion at L5/S1 indenting the anterior aspect of the thecal sac and contacting the right S1 nerve root and a 2 mm broad-based posterior disc bulge at L3/4 indenting the anterior thecal sac. The 2/19/13 lumbar x-rays showed bilateral pars defect at L5 and grade 1 spondylolisthesis at L5/S1, no evidence of instability or stress fracture, no significant degenerative changes, and no evidence of foraminal stenosis or narrowing. The 9/27/13 lumbar MRI documented L5 spondylolysis with 3 mm of anterolisthesis of L5 over S1. There was also a 3 mm right L5/S1

paracentral posterolateral disc protrusion encroaching into the right neural foramen with mild right neuroforaminal narrowing. An incident Tarlov cyst was noted within the sacral canal at the S2-S3 level, unchanged from the 8/28/12 study. The 8/20/13 treating physician report cited continued complaints of low back pain radiating down both lower extremities to the feet, left greater than right. The bilateral L5/S1 epidural steroid injection on 6/12/13 was only helpful for 2 days. Objective findings documented no lumbar tenderness, marked loss of lumbar flexion, mild loss of extension and lateral flexion, straight leg raise causes low back pain, intact lower extremity motor strength, sensation and deep tendon reflexes, and no lower extremity atrophy. The diagnosis was L5/S1 spondylolisthesis with bilateral L5 pars defects, L5/S1 foraminal stenosis, and left greater than right sciatica. The treatment plan recommended an anterior interbody fusion at L5/S1 followed by a posterior decompression and pedicle screw augmented transverse process fusion. The 11/12/13 treating physician report cited subjective complaints of low back pain radiating to both legs. Objective findings were unchanged from the 8/20/13 report. The treating physician stated that the patient had appropriate surgical indications, has had symptoms or over 2 years and has failed to improve with conservative management. He again recommended an anterior-posterior decompression and fusion at L5/S1.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

STAGES ANTERIOR AND POSTERIOR, LUMBAR INTERBODY FUSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 208-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: Under consideration is a request for staged anterior and posterior lumbar interbody fusion. The California MTUS guidelines do not provide recommendations for this procedure in chronic back injuries. The revised ACOEM Low Back chapter criteria for lumbar decompression surgery generally requires radicular pain syndrome with current dermatomal pain and/or numbness or myotomal muscle weakness all consistent with a herniated disc, imaging findings that confirm persisting nerve root compression at the level/side predicted by the clinical findings, and continued significant pain and functional limitation after appropriate conservative treatment. Fusion is supported in decompressive laminectomy where adequate decompression requires the removal of more than 50% of both facets or the complete removal of a unilateral facet complex. The Official Disability Guidelines recommend similar criteria for decompressive surgery that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root

compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion may be supported for surgically induced segmental instability but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Guideline criteria have not been met. Imaging reports indicate encroachment of the right S1 nerve root but there are no physical exam findings of nerve root compression documented by the treating physician. A mild spondylolisthesis at L5/S1 has been documented on multiple MRIs but the treating physician reported no radiographic instability. The patient has clearly failed conservative treatment and has function limiting pain, but there are no clinical exam findings suggestive of nerve root compression. Therefore, this request for staged anterior and posterior lumbar interbody fusion is not medically necessary, this time.